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## REISSUE PATENT APPLICATION TRANSMITTAL

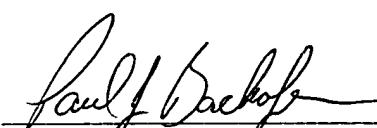
<b>Address to:</b>  <b>Assistant Commissioner for Patents Box Reissue Washington, DC 20231</b>	<b>Attorney Docket No.</b>	<b>153501-0375</b>
	<b>First Named Inventor</b>	<b>Dennis H. Weissert</b>
	<b>Original Patent Number</b>	<b>5,915,841</b>
	<b>Original Patent Issue Date (Month/Day/Year)</b>	<b>June 29, 1999</b>
	<b>Express Mail Label No.</b>	<b>EL088714715US</b>
<b>APPLICATION FOR REISSUE OF:</b> <input checked="" type="checkbox"/> <b>Utility Patent</b> <input type="checkbox"/> <b>Design Patent</b> <input type="checkbox"/> <b>Plant Patent</b> (Check applicable box)		
<b>APPLICATION ELEMENTS (37 CFR 1.173)</b>		<b>ACCOMPANYING APPLICATION PARTS</b>
1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form (PTO/SB/56)</b> (Submit an original, and a duplicate for fee processing)		7. <input checked="" type="checkbox"/> <b>Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).</b>
2. <input checked="" type="checkbox"/> <b>Applicant claims small entity status. See 37 CFR 1.27.</b>		8. <input type="checkbox"/> <b>Original U.S. Patent for surrender</b>
3. <input checked="" type="checkbox"/> <b>Specification and Claims in double column copy of patent format (amended, if appropriate)</b>		<input type="checkbox"/> <b>Ribboned Original Patent Grant</b>
4. <input checked="" type="checkbox"/> <b>Drawing(s) (proposed amendments, if appropriate)</b>		<input type="checkbox"/> <b>Statement of Loss (PTO/SB/55)</b>
5. <input checked="" type="checkbox"/> <b>Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)</b>		9. <input type="checkbox"/> <b>Foreign Priority Claim (35 U.S.C. 119) (if applicable)</b>
6. <b>Original U.S. Patent currently assigned?</b>		10. <input checked="" type="checkbox"/> <b>Information Disclosure Statement (IDS)/PTO-1449</b> <input checked="" type="checkbox"/> <b>Copies of IDS Citations</b>
<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		11. <input type="checkbox"/> <b>English Translation of Reissue Oath/Declaration (if applicable)</b>
(If Yes, check applicable box(es))		12. <input checked="" type="checkbox"/> <b>Preliminary Amendment</b>
<input checked="" type="checkbox"/> <b>Written Consent of all Assignees (PTO/SB/53)</b>		13. <input checked="" type="checkbox"/> <b>Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</b>
<input checked="" type="checkbox"/> <b>37 C.F.R. § 3.73(b) Statement</b> <input checked="" type="checkbox"/> <b>Power of Attorney (PTO/SB/96)</b>		14. <b>Other: .Request for Abstract of Title</b> ..... .....
<b>15. CORRESPONDENCE ADDRESS</b>		
<input type="checkbox"/> <b>Customer Number or Bar Code Label</b> <input type="checkbox"/> <b>Correspondence address below</b> (Insert Customer No. or Attach bar code label here)		
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) <b>153501-0375</b>		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) <b>18</b>	Total Claims (37 CFR 1.16(j))	(B) <b>18</b>	**** <b>0</b> =	x \$ <b>0</b> =		or	x \$ ____ =	
(C) <b>3</b>	Independent claims (37 CFR 1.16(i))	(D) <b>3</b>	* <b>0</b> =	x \$ <b>0</b> =			x \$ ____ =	
Basic Fee (37 CFR 1.16(h))						\$ <b>355</b>	\$ ____	
Total Filing Fee						\$ <b>355</b>	OR \$ ____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee							OR \$ ____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. <b>09-0946</b> in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <b>09-0946</b>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <b>355</b> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <p><b>June 29, 2001</b> Date</p> </div> <div style="text-align: center;">             Signature of Applicant/Attorney or Agent of Record  <b>Paul Backofen, Reg. No. 42,248</b>            Typed or printed name         </div> </div>								